

## (1) PLACE OF BIRTH

County of YamhillTownship of 7

OF

Inc. Town of

OF

(City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

3938

Registration District No. 21.16 Registered No. 0  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Janie R. R. R. If child is not yet named, make supplemental report as directed3. BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Feb - 20 - 1923  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME English R. R. R.  
9. PRESENT POSTOFFICE OF FATHER Murrells Creek S.C.  
10. COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28  
(Years)  
12. BIRTHPLACE Madison Co.  
13. OCCUPATION Farmer

## MOTHER.

14. NAME BEFORE MARRIAGE Lucy G. R.  
15. PRESENT POSTOFFICE OF MOTHER Murrells Creek S.C.  
16. COLOR OR RACE Black 17. AGE AT LAST BIRTHDAY 24  
(Years)  
18. BIRTHPLACE Madison Co.  
19. OCCUPATION Housewife  
20. Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. R. R. R.  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Murrells Creek S.C.

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 27 - 1923 (28) L. J. Bell Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.